

**2019 CONTRA COSTA COUNTY  
FIRE PROTECTION DISTRICT  
MONTHLY DENTAL PLAN PREMIUMS**

**REPRESENTED BY IAFF 1230**

**DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

		<b>TOTAL MONTHLY MONTHLY</b>	<b>DISTRICT MONTHLY SUBSIDY</b>	<b>EMPLOYEE MONTHLY PREMIUM</b>
<b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM</b>				
For CCHP Alternate A Plan	Employee	\$44.17	\$33.98	\$10.19
	Employee + 1	\$99.49	\$76.52	\$22.97
	Family + 2 or more	\$99.49	\$76.52	\$22.97
For CalPERS Health Plans	Employee	\$44.17	\$33.98	\$10.19
	Employee + 1	\$99.49	\$76.52	\$22.97
	Family + 2 or more	\$99.49	\$76.52	\$22.97
Without a Health Plan	Employee	\$44.17	\$43.30	\$0.86
	Employee + 1	\$99.49	\$97.55	\$1.94
	Family + 2 or more	\$99.49	\$97.55	\$1.94
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Family + 2 or more	\$62.81	\$48.99	\$13.82
For CalPERS Health Plans	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Family + 2 or more	\$62.81	\$48.99	\$13.82
Without a Health Plan	Employee	\$29.06	\$29.05	\$0.01
	Employee + 1	\$62.81	\$62.80	\$0.01
	Family + 2 or more	\$62.81	\$62.80	\$0.01
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54